U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **UK8096** Att rn y Docket Number DECLARATION FOR UTILITY OR Clive McCartthy **First Named Inventor** DESIGN **COMPLETE IF KNOWN** PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration OR Submitted after Initial Submitted **Group Art Unit** Filing (surcharge with Initial (37 CFR 1.16 (e)) Filing required) **Examiner Name** As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BASKET WITH EXTENDABLE LEGS (Title of the Invention) the specification of which is attached hereto OR was filed on (NIM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. **Prior Foreign Application** Foreign Filing Date **Priority Certified Copy Attached?** Number(s) Country (MM/DD/YYYY) **Not Claimed**

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION— Utility or Design Pat nt Application

Direct all correspondence to: Customer Nu or Bar Code I		3024	5	OR Co	rrespondence addre	ss below
Anthony Edw. J Campbell						
PO Box 160370			:			
Austin		f	State	TX	ZIP 78716-03	370
US Country	Teleph	elephone		772/264- Fax	6176	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		A petition ha	as be	en filed for this un	signed inventor	
Given Name Clive (first and middle [if any])	VE Family Name or Surname		•	McCartthy		
Inventor's CMCEarty			:		Date 24/6	103
Harrowweald Residence: City	{{\xi}}	State	:	England Country	Citizenship	UK
34 Hampden Road						
city Harrowweald	٤	State		HA3 5PR	Country	England
NAME OF SECOND INVENTOR:	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name Dean (first and middle [if any])	P.	1		y Name rname	Carrick	
Inventor's Signature Date 24/6/03				6/03		
Residence: City	Sta	ate	c	England	Citizenship	UK
Mailing Address						
City	St	tate	z	iP	Country	England
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Clive McCartthy
Title	BASKET WITH EXTENDABLE LEGS
Group Art Unit	
Examiner Name	
Attorney Docket Number	UK8096

I hereby appoint: ✓ Practitioners at Customer Number OR ☐ Practitioner(s) named below: — Name — Registration Number — Anthony Edw. J Campbell — Say, 519 — Place Customer Number Bar Code Label here Registration Number — Anthony Edw. J Campbell — Say, 519 — Say, 519 — Anthony Edw. J Campbell — Say, 519 — Place Customer Number Say, 519 — Place Customer Number Say, 519 — Place Customer Number Bar Code Label here Place Customer Number Bar Code Label here	I horoby once	int:			_
OR Practitioner(s) named below: Name Anthony Edw. J Campbell as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.	_		00045		
Practitioner(s) named below: Name		ners at Customer Number	30245		1
Name Registration Number Anthony Edw. J Campbell 39,619 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor.		or(a) named halaw			Label Here
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number I prim or Individual Name Address Address City State I am the: Applicant/Inventor.	Practition				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.				ation Number	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address City State Zip Country Telephone I am the: Applicant/Inventor.	Altuloi	ly Edw. 3 Campbell	<u>`</u>	39,019	
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address City State Zip Country Telephone I am the: Applicant/Inventor.	<u> </u>		· ·		
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address City State Zip Country Telephone I am the: Applicant/Inventor.					
business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Address Address City State Zip Country Telephone I am the: Applicant/Inventor.		······································			
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number Firm or Individual Name Address City State I am the: Applicant/Inventor.					
The above-mentioned Customer Number. OR Practitioners at Customer Number Number Bar Code Label here Firm or Individual Name Address City Country Telephone I am the: ✓ Applicant/Inventor.	business in the	United States Patent and Tra	demark Office co	nnected therewi	th.
OR	Please change t	he correspondence address t	for the above-iden	tified application	n to:
Practitioners at Customer Number OR Firm or Individual Name Address City Country Telephone I am the: ✓ Applicant/Inventor.		mentioned Customer Numbe	er.		
Fractitioners at costoner Number Label here			·		•
Firm or Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.		s at Customer Number			1
Individual Name Address Address City Country Telephone I am the: Applicant/Inventor.		·			
Address City Country Telephone I am the: Applicant/Inventor.		eme	:		
City State Zip Country Telephone Fax I am the: Applicant/Inventor.			:		
Country Telephone I am the: Applicant/Inventor.	Address				-
Telephone Fax I am the: Applicant/Inventor.	City			State	Zip
I am the: Applicant/Inventor.	Country				
Applicant/Inventor.	Telephone			Fax	
	I am the:				
	✓ Applican	t/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name Clive McCartthy	Name	Clive McCartthy			
Signature CMC artin	Signature				
Date 24/6/03	Date	24/67	03		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple					
forms if more than one signature is required, see below*. *Total of2forms are submitted.					

PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number		
Filing Date		
First Named Inventor	Clive McCartthy	
Title	BASKET WITH EXTENDABLE LEGS	
Group Art Unit		
Examiner Name		
Attorney Docket Number	UK8096	

I hereby appoi	int:				
Practition OR	ners at Customer Number	30245		Customer er Bar Code nere	
Practition	er(s) named below:	·			
Anthor	Name ny Edw. J Campbell		Registration Number 39,619		
Altito	iy Law. a Campbell		30,010		
					
——				·	
	ey(s) or agent(s) to prosecute th United States Patent and Traden			ansact all	
	he correspondence address for t				
	mentioned Customer Number.				
<u>OR</u>	<u></u>		Place Custo	· .	
	s at Customer Number		Number Ba	r Code	
OR					
Firm <i>or</i> Individual Na	me				
Address		:			
Address					
City		Sta	e Z	ip	
Country			<u> </u>		
Telephone		Fax			
I am the:			T.		
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Name	Dean P. Carrick	· · · · · · · · · · · · · · · · · · ·			
Signature					
Date	Date 24/6/03				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
✓ *Total of 2	signature is required, see belowforms are submitted.			<u>. </u>	